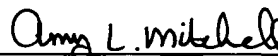




Attorney Docket No.: 1776/41240 PA5 RAB/TMM

Serial No.: 10/675,440
Filed: September 30, 2003
Inventors: Robert Pinto *et al.*
Assigned: Poly-clip System Corp.
Art Unit: 3726
Examiner: Essama Omgba
Title: Net Rucking Apparatus and Method

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 13, 2005.


Amy L. Mitchell

**AMENDMENT B
IN RESPONSE TO OFFICE ACTION OF SEPTEMBER 30, 2005**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In the matter of the above-identified application, kindly enter the following Amendments and consider the following Remarks toward reconsideration of the present application.

Amendments to the Specification begin on Page 2 of this Paper.

Amendments to the Drawings begin on Page 4 of this Paper.

Amendments to the Claims begin on page 5 of this Paper.

Remarks/Arguments begin on Page 9 of this paper.

In re application of: Robert Pinto et al.

Serial No.: 10/675,440

Filed: September 30, 2003

Art Unit: 3726

For: NET RUCKING APPARATUS AND METHOD



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **December 13, 2005**.

Amy L. Mitchell
Amy L. Mitchell

BOX: AMENDMENT- NON FEE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in response to the Office Action of September 30, 2005.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 14	MINUS	** 20	0
INDEP.	* 3	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addit. Fee
x25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OR

LARGE ENTITY	
Rate	Addit. Fee
x 50 =	\$.00
x 200 =	\$.00
+ 360 =	\$.00
TOTAL	\$.00

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Enclosed is a check in the amount of \$_____ to cover the extra claims fee.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: Dec. 13, 2005

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